

① ID - Roster - Personal History

HOUSEHOLD QUESTIONNAIRE

SECTION 1. HOUSEHOLD IDENTIFYING INFORMATION

SECTION 1. HOUSEHOLD IDENTIFYING INFORMATION

Please administer this survey to the female entrepreneur on your list. The enterprise ID should be identical to the enterprise ID written on the corresponding household questionnaire for this respondent. It should also be identical to the ID on respondent's MKUBWA card.

Please explain to the respondent the purpose of this survey. In order to make business training more useful for women like you, this survey is collecting information on female entrepreneurs in the Dar es Salaam and Kibaha areas. As you are aware, little is known about both the difficulties that you face in running and expanding your businesses and about how this affects what is happening in your households. Little is also known about the strengths of your businesses. This entire survey could take as long as 2 hours. The information we collect today will be combined in a report and research papers that will be discussed with policy makers and organizations that want to design more effective training programs for women like you. We encourage you to answer as accurately as you can. You should know that all women and businesses visited by us will not be identified in any writing resulting from this project.

All the information that you provide will remain fully confidential and no one will be able to link your names to your responses. So MkuBwa staff, your trainers and your coaches will only know things like "how many hours a day do women in the food processing sector devote to their business," rather than knowing about the working hours of any particular woman. We want to stress that none of this information collected will be used to determine who gets selected for the MKUBWA training program.

Unless otherwise specified: read all response options to respondent in each question.

1	2	3	4	5	6	7	8	9
District Name	District ID See List A	Ward Name	Ward ID See List B	Address (write details including landmark)	Full name of primary respondent	Mobile number of primary respondent	Mobile number of someone else who will be able to find respondent	Name of Enumerator
10	11	12	13	14	15	16		
Enumerator ID:	Date of 1st interview attempt: DD/MM/YYYY format	Completed interview? See List C	Date of 2nd interview attempt: DD/MM/YYYY format	Completed interview? See List C	Date of 3rd interview attempt: DD/MM/YYYY format	Completed interview? See List C		

Gift for respondent	List B			
Time interview started	Temeke	Ilala	Kinondoni	Kibaha
List A	1. Azimio 2. Chamazi 3. Chang'ombe 4. Charambe 5. Keko 6. Kigamboni 7. Kibada 8. Kimbiji 9. Kisarawe II 10. Kurasini 11. Makangarawe 12. Mbagala 13. Miburani 14. Mijimwema 15. Mtoni 16. Pemba Mnazi 17. Sandali 18. Somangira 19. Tandika 20. Temeke 21. Toangoma 22. Vijibweni 23. Yombo Vituka	24. Buguruni 25. Chanika 26. Gerezani 27. Ilala 28. Jangwani 29. Kariakoo 30. Kinyezezi 31. Kipawa 32. Kitunda 33. Kisutu 34. Kivukoni 35. Kiwalani 36. Michafukoge 37. Mchikichini 38. Msongola 39. Pugu 40. Segerea 41. Tabata 42. Ukonga 43. Upanga East 44. Upanga West 45. Vingunguti	46. Bunju 47. Goba 48. Hananasif 49. Kawe 50. Kibamba 51. Kigogo 52. Kijitonyama 53. Kimara 54. Kinondoni 55. Kunduchi 56. Mafiso 57. Magomeni 58. Makuburfi 59. Makumbusho 60. Makurumula 61. Manzese 62. Mbezi 63. Mburahati 64. Mbweni 65. Mikochei 66. Msasani 67. Mwananyamala 68. Mzimuni 69. Ndugumbi 70. Sinza 71. Tandale 72. Ubungo	73. Kibaha 74. Kwaia 75. Magindu 76. Mafii Mmoja 77. Mlandizi 78. Ruvu 79. Soga 80. Tumbi 81. Visiga
1=Kinondoni 2= Ilala 3=Temeke 4=Kibaha	Options C			
Gift codes: 1="PERSONAL GIFT" 2="BUSINESS GIFT"	1= Completed 2=Partially completed 3=Not available, revisit scheduled 4=Not available, no revisit scheduled 5=Refused to participate			

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SECTION 2. HOUSEHOLD ROSTER

All questions should be posed to the female entrepreneur, so she is giving information about other family members. Make a complete list of all individuals who normally live and eat their meals together in this household, starting with the head of household. In order to make a comprehensive list of household members, use the following probe questions: First, ask names of all the members of your immediate (nuclear) family who normally live and eat their meals together here. Write down names, sex, and relationship to household head. **FILL IN QUESTIONS 1 TO 6.**

Then, ask names of any other persons related to you or other household members who normally live and eat their meals together here. **FILL IN QUESTIONS 1 TO 6.**
 Also ask other persons who are not here now but normally live and eat their meals here? For example, household members studying elsewhere or traveling. **FILL IN QUESTIONS 1 TO 6.**
 Then, ask names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as live-in servants. **FILL IN QUESTIONS 1 TO 6.**
 If more than 10 individuals, USE "EXTRA HOUSEHOLD QUESTIONNAIRE FOR HOUSEHOLD MEMBERS," MAKING SURE TO NOTE ENTREPRENEUR'S ID ON ALL PAGES

HOUSEHOLD MEMBER ID: ?	Q1	Q2	Q3		Q4				Q5			Q6	
	First Name	Last Name	Gender Male=1 Female=2		Month and Year of birth / mm/yyyy; Write 99 if answer is "Don't know"				Age			Relationship to household head: See list D	
					Years	Months							
1							/						Other specify.....
2							/						Other specify.....
3							/						Other specify.....
4							/						Other specify.....
5							/						Other specify.....
6							/						Other specify.....
7							/						Other specify.....
8							/						Other specify.....
9							/						Other specify.....
10							/						Other specify.....

List D

Relation with household head and respondent

- Household head=1
- Spouse=2
- Son/Daughter=3
- Step Son/Step Daughter=4
- Sister/Brother=5
- Grandchild=6
- Father/Mother=7
- Niece/nephew=8
- Sister/brother-in-law=9
- Father/mother-in-law=10
- Live-in servant=11
- Respondent=12
- Other relative=13, Specify

* # of HH members ✓
 * # of HH members < 18 ✓
~~* husband/spouse present~~
 # of female members (not incl resp) ✓
 # of male members ✓
 schooling of spouse/co-habiting male ✓
 # of other wives of spouse ✓
 ↳ used relationship to respondent.
 (hs297)

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q7		Q8		Q9		Q10		Q11		Q12	
Relationship to the respondent: See list D		In the last 12 months, how many cumulative months has [name] been away from the household?		[Name]'s main occupation in last 12 months (see List E)		[Name]'s marital status See list F		[Name]'s spouse/partner live in this household new? Yes=1 No=2		ID code of [name]'s spouse if in household	
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						
	Other specify.....				Other specify.....						

- List F**
- Marital status**
- Monogamous, married =1
 - Polygamous, married =2
 - Living together=3
 - Separated=4 Go to Q14
 - Divorced=5 Go to Q14
 - Never married =6 Go to Q14
 - Widow=7 Go to Q14

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SECTION 3. PERSONAL AND FAMILY HISTORY

To be asked about the respondent and her partner/spouse if applicable. Can be asked even if spouse/partner is dead. The respondent should answer on behalf of her spouse.

1	<p>Has the respondent ever had a spouse/partner?</p> <p>Yes=1, No=2 If No, leave Spouse/Partner column blank</p>	<input type="checkbox"/>	
		Respondent	Spouse/partner
2	<p>Is this person the first of the family to reside in this ward? Family means blood relatives.</p> <p>Yes=1; No=2; Don't know=99 for spouse/partner</p>	<p>—</p> <input type="checkbox"/>	<input type="checkbox"/>
3	<p>For approximately how many years has this person's family lived in this ward?</p> <p>Don't know=99 for spouse/partner</p>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
4	<p>For approximately how many years have this person lived in this ward? Don't know=99 for spouse/partner</p>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
5	<p>How many family members older than 16 years live in this ward (not counting members of the household)?</p>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
6	<p>Year of birth? Don't know=99</p>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
7	<p>District of birth? See List H at end of Section. List region code followed by district code. Not born in TZ = 98, Don't know=99</p>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
8	<p>Mother tongue?</p> <p>English=1 Kiswahili=2 Tribal language=3 Other=4, Specify</p>	<input type="checkbox"/> Other specify.....	<input type="checkbox"/> Other specify.....
9	<p>What is considered this persons "home district"? See List H</p>	<input style="width: 60px; height: 20px;" type="text"/> Other specify.....	<input style="width: 60px; height: 20px;" type="text"/> Other specify.....
10	<p>Religious denomination? See List I</p>	<input style="width: 40px; height: 20px;" type="text"/> Other specify.....	<input style="width: 40px; height: 20px;" type="text"/> Other specify.....
11	<p>At what age did this person leave his/her parents' house? Not including boarding or living with household member. Still living with parents = 98 Don't know=99 for spouse/partner</p>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

		ID			ID		
12	Who will inherit most of this person's assets upon death? See List J	ID			ID		
13	Is your spouse/partner still alive? Yes =1; No =2 Go Q15; If never married or never had a partner Go Q15	<input type="checkbox"/>					
14	What year did he die?	<input type="text"/>					
Now I would like to ask you about your biological parents and the biological parents of your spouse/partner. Respondent should answer on behalf of her spouse/partner.		Respondent		Spouse/partner			
		Father	Mother	Father	Mother		
15	Father/mother still alive? Yes=1, No=2, Don't know=99. Depending on the response to this question, change the tone and actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Record current age father/mother or age at the time of death. Record 999 for "Don't know."	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
17	In which district was your father/mother born? See List H at end of section. List region code followed by district code. Not born in TZ = 98, Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
18	Religious denomination of father/mother. See List I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

List I
Religion

- Muslim =1
- Hindu =2
- Orthodox Christian=3
- Roman Catholic=4
- Lutheran=5
- Anglican=6
- Pentecostal=7
- Evangelical=8
- Episcopalian=9
- Baptist=10
- Seventh Day Adventist=11
- Jehovah Witness=12
- Traditional=13
- None=14
- Other=15 , Specify
- Don't know=99
- Don't want to answer=98

List J
Inheritant

- 1. Household member (Also code Household Member ID)
- 2. Child, not living in household
- 3. Relative of spouse/partner
- 4. Own relative
- 5. Non-relative in Dar es Salaam
- 6. Non-relative outside Dar es Salaam
- 7. Business partner
- 8. Other, Specify
- 99. Don't know

19	Occupation of father/mother when they were working? See List E at end of Section. Did not work=98, Don't know=99. Main occupation is one that parents used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	How many wives does/did the father have? Include deceased wives. Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	What is/was the mother's marital ranking? Code 0 if mother never married, Only wife=98, Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	At what age did the mother have her first child? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	How many male children does the father/mother have from all partners? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	How many female children does your father/mother have from all partners? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	At their death, did you get or will you get a part of your father/mother's... Yes=1, No=2, Don't know=99				
a	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	Livestock	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	House(s) or other real estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	Other property (clothes, jewelry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	What was/is the current value of father/mother's... If parent is deceased, ask for value at time of death. Don't know=99				
a	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	Livestock	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	House(s) or other real estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	Other property (clothes, jewelry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	How much land does/did your father/mother have? Don't know= -99 for spouse/partner. Unit: Acres=1; Hectares=2; Square Feet=3; Square metres=4	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity

Already done

hs 3925 - spouse

List H

DODOMA-01		PWANI-06		MBEYA-12		SHINYANGA-17		KASKAZINI UNGUJA-22	
KONDOA	1	BAGAMOYO	1	CHUNYA	1	BARADI	1	KASKAZINI 'A'	1
MPWAPWA	2	KIBAHA	2	MBEYA RURAL	2	MASWA	2	KASKAZINI 'B'	2
KONGWA	3	KISARAWA	3	KYELA	3	SHINYANGA RURAL	3		
DODOMA RURAL	4	MKURANGA	4	RUNGWE	4	KAHAMA	4	KUSINI UNGUJA-23	
DODOMA URBAN	5	RUFJI	5	ILEJE	5	BUKOMBE	5	KATI	1
BAHI	6	MAFIA	6	MBOZI	6	MEATU	6	KUSINI	2
				MBALALI	7	SHINYANGA URBAN	7		
ARUSHA-02		DAR-ES-SALAAM-07		MBEYA URBAN	8	KISHAPU	8		
MONDULI	1	KINONDONI	1					MJINI/MAGHARIBI UNGUJA-24	
ARUMERU	2	ILALA	2	SINGIDA-13		KAGERA-18		MAGHARIBI	1
ARUSHA	3	TEMEKE	3	IRAMBA	1	KARAGWE	1	MJINI	2
KARATU	4			SINGIDA RURAL	2	BUKOBA RURAL	2		
NGORONGORO	5	LINDI-08		MANYONI	3	MULEBA	3	KASKAZINI PEMBA-25	
		KILWA	1	SINGIDA URBAN	4	BIHARAMULO	4	WETE	1
KILIMANJARO-03		LINDI RURAL	2			NGARA	5	MICHWEWENI	2
ROMBO	1	NACHINGWEA	3	TABORA-14		BUKOBA URBAN	6		
MWANGA	2	LIWALE	4	NZEGA	1	CHATO	7	KUSINI PEMBA-26	
SAME	3	RUANGWA	5	IGUNGA	2	MISENYE	8	CHAKECHAKE	1
MOSHI RURAL	4	LINDI URBAN	6	UYUI	3			MKOANI	2
HAI	5			URAMBA	4	MWANZA-19			
MOSHI URBAN	6	MTWARA-09		SIKONGE	5	UKEREWE	1		
		MTWARA RURAL	1	TABORA URBAN	6	MAGU	2		
TANGA-04		NEWALA	2			NYAMAGANA	3		
LUSHOTO	1	MASASI	3	RUKWA-15		KWIMBA	4		
KOROGWE	2	TANDAHIMBA	4	MPANDA	1	SENGEREMA	5		
MUHEZA	3	MTWARA MIKINDANI	5	SUMBAWANGA	2	GETA	6		
TANGA	4			NKASI	3	MISUNGWI	7		
PANGANI	5	RUVUMA-10		SUMBAWANGA URBAN	4	ILEMELA	8		
HANDENI	6	TUNDURU	1						
KILINDI	7	SONGEA RURAL	2	KIGOMA-16		MARA-20			
MKINGA	8	MBINGA	3	KIBONDO	1	TARIME	1		
		SONGEA URBAN	4	KASULU	2	SENGEREMA	2		
MOROGORO-05		NAMTUMBO	5	KIGOMA RURAL	3	MUSOMA RURAL	3		
KILOSA	1			KIGOMA URBAN	4	BUNDA	4		
MOROGORO	2	IRINGA-11				MUSOMA URBAN	5		
KILOMBERO	3	IRINGA RURAL	1						
ULANGA	4	MUFINDI	2			MANYARA-21			
MOROGORO	5	MAKETE	3			BABATI	1		
MVOMERO	6	NJOMBE	4			HANANG	2		
		LUDEWA	5			MBULU	3		
		IRINGA URBAN	6			SIMANJIRO	4		
		KILOLO	7			KITETO	5		

List E: Activities/Occupation

<p>Agriculture, Horticulture, and Animal Husbandry :</p> <ol style="list-style-type: none"> 1. Laborer - Ploughing, Planting/Weeding/Harvesting 2. Owner - - Ploughing, Planting/Weeding/Harvesting 3. Activities related to the storage of crops 4. Herding 5. Poultry farming 6. Activities related to poultry products 7. Fishing 8. Piggery 9. Hunting/forestry 10. Dairy: Milk, making butter, etc 11. Shearing/Slaughtering 12. Horticulture – Vegetables 13. Horticulture – Fruits 14. Horticulture – Fruits and vegetables 15. Horticulture – Flowers 16. Horticulture - Mushrooms 17. Other activities related to agriculture, horticulture, or animal husbandry. <p>Manufacturing/processing:</p> <ol style="list-style-type: none"> 18. Making charcoal 19. Milling (incl. Hand milling) 20. Food processing – edibles and potables 21. Food processing – soap, cosmetics, beauty products 22. Canning 23. Beer brewing 24. Wine-making 25. Jewelry making 26. Making baskets/hats/clay pots/ other handicraft 27. Spinning/Weaving 28. Dressmaking/embroidery/tailoring 29. Stationery 30. Other manufacturing (not for home use) 31. Other manufacturing (for home use) 32. Recycling 	<p>Construction</p> <ol style="list-style-type: none"> 33. Farm buildings or fences 34. Houses 35. Roads 36. Mining 37. Other construction activities <p>Trading /Sales:</p> <ol style="list-style-type: none"> 38. Retail shop 39. Engaged in tea shops/street vending etc 40. Restaurant 41. Bar 42. Catering 43. Chair-table-tent hiring 44. Assisting in sales of agriculture products and other retail trades 45. Wine, beer, liquor sales <p>Other Services:</p> <ol style="list-style-type: none"> 46. Giving tuition to students for payment 47. Repair and maintenance services: tool, shoes, etc. (not for own household) 48. Collection of firewood, fetching water 49. Domestic/custodial work in homes 50. Elderly or child care 51. Custodial work in a firm or office 52. Clerical or secretarial work in a firm or office 53. Sanitation, sewage 54. Laundry or ironing 55. Finance 56. Real estate 57. Guest house 58. Venue decoration 59. Hair salon or beauty shop services 60. Cell phone minutes, SIM card retailer 61. IT services <p>Transport and storage:</p> <ol style="list-style-type: none"> 62. Carrying loads to market for sale 63. Carrying grain to /from mil/shamba 64. Car hire and tours 65. Other transport activities 66. Storage <p>Government and politics</p> <ol style="list-style-type: none"> 67. Central government 68. Local government 69. Political party Organizations 70. NGO 	<p>Organization</p> <ol style="list-style-type: none"> 70. NGO 71. Religious organization 72. Charity/trust 73. International organization <p>Other</p> <ol style="list-style-type: none"> 74. Other activity not listed above
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② EDUC → Employment + Time use

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 4. EDUCATION

The female entrepreneur should report on each member of the household. Please keep same IDs assigned in the household roster.

Q1	Q2	Q3	Q4	Q5	Q6	Q7
HOUSEHOLD			Is [name] 5 years old or older? Yes=1 No=2 → Go to next household member	[Name] literacy level See List K	Is [name]'s literacy level? Can read, can write=1 Can read, cannot write=2 Cannot read, can write=3 Cannot read, cannot write=4	In the last 12 months, how many months has [name] been attending school? If 0 → Go to next household member
	First name	Last Name				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- LIST K
0. Didn't go to school
 1. Pre-school or less
 2. Standard 1
 3. Standard 2
 4. Standard 3
 5. Standard 4
 6. Standard 5
 7. Standard 6
 8. Standard 7
 9. Standard 8
 10. Form 1
 11. Form 2
 12. Form 3
 13. Form 4
 14. Completed O levels
 15. Form 5
 16. Form 6
 17. Completed A levels
 18. Tertiary - Vocational
 19. Tertiary - Diploma
 20. Tertiary - Bachelor's
 21. Tertiary - Post-graduate

* ~~total members~~ → 5 ✓ h5494

of kids attending school (by gender) ✓ h5498

husband / spouse's literacy level ✓

of kids going to private school (by gender) ✓

of kids going to public school (by gender) ✓

Total spent on all education expenses (by gender) ✓

average hours spent studying (total & by gender) ✓

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q16c										Q16d										Q16e										Q16f									
Textbooks and other school supplies										Transportation to school										Registration fees										Examination fees									

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q16g										Q16h					Q16i					Q16j							
Training/course fees										Tutoring					Board and lodging					School meals (if student not in boarding)							

SECTION 5A: EMPLOYMENT

Ask each question about each household member, retaining the same IDs as in the Household Roster. Write all household members names. Choose main work activity by time spent on activity.
 Full time means 40 or more hours per week when working. Part time work is anything less than 40 hours per week when working. Temporary or casual labor refers to a situation in which an individual does not have a guarantee (written or implicit) of work in the future. Often, these workers are hired for a single day, week, or month.

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
HOUSEHOLD MEMBER	[Name]	[Last Name]	Is [name] 5 years or older? Yes=1, No=2 → Go to next member	[Redacted] 12 months, at any time for [Redacted] work of any type for [Redacted] (consumption)? Yes=1, No=2 → Go to Q19	[Redacted] [name]'s main work activity in the past 12 months? See List E.	[Redacted] how many months in the last 12 months was [name] working on this activity? 1	What best describes the frequency of [name]'s main work activity? Full-time, permanent job when working=1 Full-time casual/temporary labor when working=2 Part-time labor when working=3	[Redacted] [name] usually paid for this activity? See List G.	[Redacted] How often was [name] supposed to get paid for this activity? See List P.
1					Other, specify				
2					Other, specify				
3					Other, specify				
4					Other, specify				
5					Other, specify				
6					Other, specify				
7					Other, specify				
8					Other, specify				
9					Other, specify				
10					Other, specify				

* ~~[Redacted]~~ members doing any work last month ✓

~~[Redacted]~~ all hh [Redacted] last 12 months (not incl. resp) ✓

Indicator for someone in hh having wage work ✓

- LIST O**
 Wage or salary, in cash =1
 Piece rate, in cash =2
 Wage or salary, in kind =3
 Piece rate, in kind =4
 Self-employed with no fixed salary =97
 Unpaid =98
 Don't know =99

- LIST P**
 Upon receiving =1
 Daily =2
 Weekly =3
 Twice a month =4
 Monthly =5
 Quarterly =6
 Twice a year =7
 Annually =8
 Upon delivery =9
 Self-employed =10
 Unpaid =98
 Don't know =99

✓ # of businesses (not incl. resp) (only one business registered per person) ✓
 ✓ Sum of all business earnings in last month (not incl. resp).

No indicator for number of businesses

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q1	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
HOUSEHOLD MEMBER ID	<p>How much did [name] earn from this activity in the last 12 months? Estimate in-kind payments. Don't know=99.</p>	<p>On average, how many hours per day was [name] spending on this activity in the last 12 months in the months that [name] was engaged in this activity?</p>	<p>How far away is [name]'s primary work location for this activity? Code in kilometers.</p>	<p>How long does it take [name] to reach this work location? Code in minutes.</p>	<p>Was [name] working on this same activity in the last 1 month? Yes=1 →Go to Q17, No=2</p>	<p>What was [name]'s primary work activity in the last 1 month? See List E. Not working=98 →Go to Q18, Don't know=99.</p>	<p>How much did [name] earn last month from their main work activity? Estimate in-kind payments. Don't know=99.</p>	<p>How much did [name] make from all other income-generating activities last month? This should include any rental income earned.</p>
1						Other, specify		
2						Other, specify		
3						Other, specify		
4						Other, specify		
5						Other, specify		
6						Other, specify		
7						Other, specify		
8						Other, specify		
9						Other, specify		
10						Other, specify		

4704

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q1		Q19	Q20	Q21	Q22	Q23	Q24	Q25
HOUSEHOLD MEMBER ID			When did [name] last work for pay, profit, barter, or home use? mm/yyyy. Never worked=99/99.	Has [name] ever worked for wage in the last 12 months? Yes=1, No=2, Don't Know=99	Has [name] worked in the same sector as [name] in the last 12 months? Code sector from List E. Always worked in same sector=97 Was not working prior to last 12 months=98	Is [name] self-employed? Yes=1, No=2 → Go to next household member	[name]'s main work activity listed in Q6? Yes=1 → Go to Q26, No=2	What is the nature of [name]'s main work activity? See List E.
		If [name] didn't work in the past month: What was the main reason [name] was not working in the past month? See List Q						
	1	Other, specify						Other, specify
	2	Other, specify						Other, specify
	3	Other, specify						Other, specify
	4	Other, specify						Other, specify
	5	Other, specify						Other, specify
	6	Other, specify						Other, specify
	7	Other, specify						Other, specify
	8	Other, specify						Other, specify
	9	Other, specify						Other, specify
10	Other, specify						Other, specify	

LIST Q
 Attending school=1
 Sick=2
 Too young=3
 Too old=4
 Disabled=5
 Too many household chores=6
 Assisting/helping someone else=7
 Could not find work=8
 Other=9, Specify

HOUSEHOLD ID

Q1	Q26			Q27		Q28			Q29			Q30			Q31		
HOUSEHOLD MEMBER ID	Where does [name] operate this business? See List R.			Where else in the household co-own [name]'s business? Write ID of the household member. Yes=1 No=2		When did [name]'s business start? mm/yyyy			How many full or part-time employees other than the owners does [name]'s business have from the family? Note that these do not have to be paid employees.			How many full or part-time employees other than the owners does [name]'s business have from outside the family? Note that these do not have to be paid employees.			What was [name]'s total net earnings from this business in the last month? Don't know=99.		
	1		Other, specify														
	2		Other, specify														
	3		Other, specify														
	4		Other, specify														
	5		Other, specify														
	6		Other, specify														
	7		Other, specify														
	8		Other, specify														
	9		Other, specify														
	10		Other, specify														

- LIST R**
1. Within own or business partner's home, with special business space
 2. Within own or business partner's home, without special business space
 3. Separate structure adjacent to own or business partner's house
 4. Stand-alone permanent building, non-residential
 5. Room in a permanent building, non-residential
 6. Fixed stall/kiosk in market
 7. Vehicle, cart, temporary stall in market
 8. Fixed stall/kiosk in street
 9. Vehicle, cart, temporary stall in street
 10. Fairs, exhibitions
 11. Other temporary structure
 12. Construction site
 13. Clients' homes
 99. Don't know

List E: Activities/Occupation

Agriculture, Horticulture, and Animal Husbandry :	Construction	Organization
1. Laborer - Ploughing, Planting/Weeding/Harvesting	33. Farm buildings or fences	70. NGO
2. Owner -- Ploughing, Planting/Weeding/Harvesting	34. Houses	71. Religious organization
3. Activities related to the storage of crops	35. Roads	72. Charity/trust
4. Herding	36. Mining	73. International organization
5. Poultry farming	37. Other construction activities	Other
6. Activities related to poultry products	Trading /Sales:	74. Other activity not listed above
7. Fishing	38. Retail shop	
8. Piggery	39. Engaged in tea shops/street vending etc	
9. Hunting/forestry	40. Restaurant	
10. Dairy: Milk, making butter, etc	41. Bar	
11. Shearing/Slaughtering	42. Catering	
12. Horticulture – Vegetables	43. Chair-table-tent hiring	
13. Horticulture – Fruits	44. Assisting in sales of agriculture products and other retail trades	
14. Horticulture – Fruits and vegetables	45. Wine, beer, liquor sales	
15. Horticulture – Flowers	Other Services:	
16. Horticulture - Mushrooms	46. Giving tuition to students for payment	
17. Other activities related to agriculture, horticulture, or animal husbandry.	47. Repair and maintenance services: tool, shoes, etc. (not for own household)	
Manufacturing/processing:	48. Collection of firewood, fetching water	
18. Making charcoal	49. Domestic/custodial work in homes	
19. Milling (incl. Hand milling)	50. Elderly or child care	
20. Food processing – edibles and potables	51. Custodial work in a firm or office	
21. Food processing – soap, cosmetics, beauty products	52. Clerical or secretarial work in a firm or office	
22. Canning	53. Sanitation, sewage	
23. Beer brewing	54. Laundry or ironing	
24. Wine-making	55. Finance	
25. Jewelry making	56. Real estate	
26. Making baskets/hats/clay pots/ other handicraft	57. Guest house	
27. Spinning/Weaving	58. Venue decoration	
28. Dressmaking/embroidery/tailoring	59. Hair salon or beauty shop services	
29. Stationery	60. Cell phone minutes, SIM card retailer	
30. Other manufacturing (not for home use)	61. IT services	
31. Other manufacturing (for home use)	Transport and storage:	
32. Recycling	62. Carrying loads to market for sale	
	63. Carrying grain to /from mil/shamba	
	64. Car hire and tours	
	65. Other transport activities	
	66. Storage	
	Government and politics	
	67. Central government	
	68. Local government	
	69. Political party Organizations	
	70. NGO	

The following questions are to be asked to the respondent about other household members. Please keep the row that corresponds to the respondent blank.

Household Member ID	Q2	Q3	Q4	Q5	Q6
		On a typical day, how many hours per day does [name] spend outside the household?	On a typical day, how many hours per day does [name] spend working outside the household?	On average, how much time per week does [name] spend on household chores? Code in Minutes.	On average, how many hours per week does [name] spend working/assisting with the respondent's business
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- ~~Number~~ of people helping w/ business. ✓
- Total hours of help w/ business. ✓
- ~~Average~~ total hours ~~of~~ help w/ business from spouse. ✓
- ~~Average~~ total hours of help w/ business from children (<18). ✓
- Average total hours of help w/ business from female children -> hh 1000 45 (100 hrs) LD 1400 (2 kids)
- Average total hours of help w/ business from male children. ✓
- ~~Average~~ Total hours ~~of~~ spent on hh chores by spouse. ✓
- Total hours spent on hh chores by children. ✓
- Average total hours spent on hh chores by ~~total~~ female children. ✓
- Average total hours spent on hh chores by male children.

0713537989

121 obs > 168 hrs
3052
85 obs > 168 hrs
2800
1103 obs > 168 hrs
4704
1723 obs > 168 hrs
3050
1184 obs > 168 hrs
2928

<p>SECTION 6. PARTICIPATION IN GROUPS Ask female entrepreneur about her participation in each group. Start with the first group in the list and ask Q1-Q6 (when applicable). Then move on to the next group.</p>	<p>1. How often do you meet with this group? No=2 → Go to next group</p>	<p>2. How long have you been participating in the activities of this group? Code in months.</p>	<p>3. How often do you meet with this group? Weekly=1 Fortnightly=2 Monthly=3 Quarterly=4 Semi-annually=5 Annually=6</p>	<p>4. Approximately how many hours per month do you spend on activities associated with this group?</p>	<p>5. What is your role in this group? See List S.</p>	<p>6. What are the benefits of participating in this group? List up to 3. See List T. Answers should be spontaneous. Do not read list aloud.</p>
Self-help group, non-credit related	<input type="checkbox"/>	<input type="text" value="4"/> <input type="text" value="vars"/> <input type="text" value="x"/> <input type="text" value="13"/> <input type="text" value="groups"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
ROSCA, SACCO, or UPATU	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Micro-finance group	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
School/education committee	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Drama, music, dance, or sport club	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Cooperative	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Burjal group	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>
Religious group	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

	<input type="checkbox"/>					
Ward or village committee	<input type="checkbox"/>					
Clan committee	<input type="checkbox"/>					
Political party or other political group	<input type="checkbox"/>					
NGO (volunteer)	<input type="checkbox"/>					
Community mobilizer	<input type="checkbox"/>					

You might also be part of some groups that I didn't mention. Can you tell me what those are?

Other (1), Specify.....	<input type="checkbox"/>					
Other (2), Specify.....	<input type="checkbox"/>					
Other (3), Specify.....	<input type="checkbox"/>					

In the past 12 months, have you voted in any kind of political election? Yes=1, No=2	<input type="checkbox"/>
In the past 12 months, has your spouse/partner prevented you from attending a meeting? Yes=1, No=2, No spouse/partner=99	<input type="checkbox"/>

- LIST S**
1. Chair Fundraiser
 2. Other outreach
 3. Secretary
 4. Treasurer
 5. Resource person
 6. Trainer or mentor
 7. Arbitrator
 8. Other participant

- LIST T**
1. Finance (saving or credit)
 2. Information or advice
 3. Networking – for own business
 4. Networking – to find work
 5. Networking – other reasons
 6. Friendship
 7. Status or prestige
 8. To pass the time
 9. To feel useful
 10. To act on one's own convictions

③ Consumption, Assets, loans & gifts

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 7A. CONSUMPTION

Please list items used in the household in case you are asked about food consumption. List any item used by any household member in 7 days. Ask about all items listed in this form.

1. Within the past 7 days, did any member(s) of this household eat/use (--) within the household? Yes=1, No=2 → Got to next item. Only list items consumed within the household and exclude food consumed outside the household. Ask for each item before moving to Q 2		2. How much (...) in total did your household consume in the past 7 days?		3. How much (...) came from purchases in the past 7 days? If none write 0 for quantity and leave blank for unit.		Unit	
Item	Yes/No	Quantity	Unit	Quantity	Unit		
102	Rice (hesked)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Kilogram.....1 Gram.....2 Litre.....3 Milimetre.....4 Bag kg25.....5 Bag kg 50.....6 Bag kg 90.....7 Debe.....8 Table spoon.....9 Bunch.....10 Hand.....11 Piece/Number..12 Reap.....13 Handful.....14 Pakacha.....15 Korogoro.....16 Tin 1/4 kg..17 Tin 1/2 kg..18 Tin kg 1.....19 Bowl.....20 Cup.....21 Glass.....22 Shilling.....23 Other.....24
104	Maize (grain)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
105	Maize flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
107	Millet and sorghum flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
201	Fresh cassava	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
202	Cassava dry flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
203	Sweet potatoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
206	Cooking banana, plantains	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
301	Sugar	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
401	Peas, beans, lentils and other pulses	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
601	Onions, tomatoes, carrots and green pepper and other spices	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
602	Spinach, cabbage and other green vegetables	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
802	Beef - including minced meat and sausage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
808	Fresh fish and seafood (including small fish)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
809	Dried/salted/canned fish and sea food (inc. small fish)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
901	Fresh milk	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1001	Cooking oil	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1. Within the past 7 days, did any member(s) of this household eat/use (---) within the household? Yes=1, No=2 →Got to next item. Only list items consumed within the household and exclude food consumed outside the household. Ask for each item before moving to Q 2		4. How much did you spend?		5. How much (....) came from own production in the past 7 days? If none write 0.0 for quantity and leave blank for unit.		6. How much (----) came from gifts or other sources in the past 7 days? Don't include food consumed outside the household. If none write 0.0 for quantity and leave blank for unit.	
Item	Shilling	Quantity	Unit	Quantity	Unit	Quantity	Unit
102	Rice (heshked)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
104	Maize (grain)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
105	Maize flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
107	Millet and sorghum flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
201	Fresh cassava	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
202	Cassava dry flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
203	Sweet potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
206	Cooking banana, plantains	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
301	Sugar	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
401	Peas, beans, lentils and other pulses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
601	Onions, tomatoes, carrots and green pepper and other spices	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
602	Spinach, cabbage and other green vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
802	Beef - including minced meat and sausage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
808	Fresh fish and seafood (including small fish)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
809	Dried/salted/canned fish and sea food (inc. small fish)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
901	Fresh milk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1001	Cooking oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Has anyone in the household experienced hunger in the last 30 days? Yes=1, No=2	<input type="text"/>
8. Has the quality of food improved in the last year? Yes=1, No=2	<input type="text"/>

✓ ~~total~~ spent on food last 7 days

✓ ~~receipt for~~ receipt of ~~any~~ ~~any~~

~~any~~

~~any~~

~~any~~

This requires making a consumption aggregate

--	--	--	--	--	--	--	--

SECTION 7B. OTHER FOOD CONSUMPTION IN THE PAST 7 DAYS

1	Over the past 7 days did any people in the following categories who have not been listed as household members eat any meals in your household? Yes=1, No=2	Children 0-5 years				
		Children 6-15 years				
		Adults 16-65 years				
		Adults over 65 years				
2-3	Over the past 7 days, did any household member purchase the following items outside of the household? If item not purchased, code 0 shillings and 99 as the household member ID.	2. Total spent in shillings		3. Household ID of person responsible for purchases		
		Full meals (breakfast, lunch, dinner)	Tsh	<input type="text"/>	ID	<input type="text"/>
		Barbequed meat, chips, roast potatoes, and other snacks	Tsh	<input type="text"/>	ID	<input type="text"/>
		Kibuki and other local brews	Tsh	<input type="text"/>	ID	<input type="text"/>
		Wine, commercial beer/spirits	Tsh	<input type="text"/>	ID	<input type="text"/>
		Sodas and other non-alcoholic drinks	Tsh	<input type="text"/>	ID	<input type="text"/>
		Sweets and ice-creams	Tsh	<input type="text"/>	ID	<input type="text"/>

SECTION 7C. RECENT NON-FOOD CONSUMPTION

1-2	Over the past 14 days, did any household member purchase the following items? If item not purchased, code 0 shillings and 99 as the household member ID.					
		Charcoal, coal	Tsh	<input type="text"/>	ID	<input type="text"/>
		Firewood	Tsh	<input type="text"/>	ID	<input type="text"/>
		Matches, kerosene, candles, lighters, gas, lamp/stove wicks	Tsh	<input type="text"/>	ID	<input type="text"/>
		Laundry soap, toilet paper	Tsh	<input type="text"/>	ID	<input type="text"/>
		Cigarettes, tobacco, shuff	Tsh	<input type="text"/>	ID	<input type="text"/>
		Cell phone top up, internet	Tsh	<input type="text"/>	ID	<input type="text"/>
		Transport (petrol oil, fares (bus, minibus, taxi, boat), airfare transport to/from school or for medical care)	Tsh	<input type="text"/>	ID	<input type="text"/>
3-4	In the past 30 days, did any household member purchase the following items	3. Total spent in shillings		4. Household ID of person responsible for purchases		
		Personal care (Toilet paper, toothpaste, hair products, razors, deodorant, lotions, make-up, beauty salons (exclude toilet and laundry soap))	Tsh	<input type="text"/>	ID	<input type="text"/>
		Batteries	Tsh	<input type="text"/>	ID	<input type="text"/>
		Utilities (Electricity, water, garbage disposal, telephone landline)	Tsh	<input type="text"/>	ID	<input type="text"/>

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 7D: HOUSEHOLD ASSETS PURCHASE

1. Over the past 12 months. Did anyone in the household purchase any (...ITEM...)?		Yes=1, No=2 → Go to next item	2. How much did your household pay in total for (...) in the past 12 months?		3. ID of the household member responsible for the purchase
Code	Item				
2012	Furniture	Beds, chairs, tables, sofas, mirrors, carpets	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2013	Linen, bed/mattress, cloths	Sheets, blankets, pillows, towels, mosquito nets, curtains	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2014		Stoves (anytype), cookers, refrigerator, fan, air conditioner, heater, radio, phones, cellphones	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2015	Household durables, appliances	Pots, pans, bowls, dishes, utensils, knives	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2016	Kitchenware	Torches, bulbs, lanterns, baskets, brooms, brushes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2017	Other household wares	Repairs to house, car, motorbike, bicycle, radio, TV etc.	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2018	Repairs for assets and durables	Khazus, hats, trousers, shirts, coats, undergarments, socks, shoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2019	Clothing and footwear for men and boys over 15 years	Khangs, kitenge, sarees, dresses, skirts, trousers, blouses, coats, undergarments, socks, shoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2020	Clothing and footwear for women and girls over 15 years		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2021	Clothing for children under 15 years	Sewing material, umbrellas, gloves, handbags, purses, wallets, sunglasses, jewellery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2022	Other personal effects	Hospitals, dispensaries, private doctors, dentistry (Excluding transport/food)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2023	Modern medical care services	Prescribed medicine, non-prescribed medicine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2024	Modern medical care: medications	Traditional healers, traditional medicine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2025	Traditional medical care	School fees, uniform equipment (Excluding transport/food)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2026	Education	Books (not school books), magazines, newspapers, cassettes, cinema, sports equipment, stamps/postal	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2027	Entertainment and recreation	Detergents (not laundry soap), insecticides, sprays and coils, polish	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2028	Cleaning materials, household services	Contributions to religious and other organizations	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2029	Contributions to religious and other organizations	Contribution to wedding parties and funerals, dowry payment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2030	Ceremonies	Taxes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2031	Taxes	Car, medical, life insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2032	Insurance	Payments given to domestic workers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Domestic services				

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 8. HOUSING AND ASSETS <i>Ask female entrepreneur.</i>		Respondent
1	Ownership status of current residence? Owned=1 Rented=2 Employer provided/subsidized=3 Free housing, authorized=4 Free housing, non-authorized=5 Other =6, Specify	<input type="checkbox"/> Specify for Other:.....
2	Who owns the dwelling? You=1 Spouse/partner=2 You and spouse/partner jointly=3 Family member (your side)=4 Family member (spouse/partner's side)=5 Landlord=6 Company=7 Government=8 Charity/religious organization=9 Other non-family member=10 Don't know=11	<input type="checkbox"/> Specify for Other:.....
3	What is the primary document you have that proves ownership or the right to live here? Enumerator should code most secure form of proof. For example, if respondent has both deed and traditional right, code 1. Title or deed=1 Offer of the right of occupancy=2 Letter or allocation from government=3 Settlement permit=4 Traditional right of occupancy=5 Land sale agreement=6 Inheritance letters=7 Lease (for renters)=8 RITA=9 Resident's license=10 Other title=11, Specify No documentation=12	<input type="checkbox"/> <input type="checkbox"/> Specify for Other:.....
4	How much is the monthly rent? Code 0 for both owner-occupied and free housing. Estimate the value of any in-kind payments.	Tsh <input type="text"/>
5	How many habitable rooms are in the dwelling? Do not count bathrooms, toilets, storage rooms, or garage.	<input type="text"/> <input type="text"/> Specify for Other:.....
6	Walls of this dwelling are made predominantly of which material? Stones=1 Cement bricks=2 Sun-dried bricks=3 Baked/burnt bricks=4 Poles and mud=5 Timber=6 Grass=7 Other=8, Specify	<input type="checkbox"/> Specify for Other:.....

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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7	The roof of this dwelling is made predominantly of which material? Grass, leaves, bamboo=1 Mud=2 Concrete, cement=3 Metal sheets (GCI)=4 Asbestos=5 Tiles=6 Tarp=7 Other=8, Specify	<input type="checkbox"/> Specify for Other:.....		
	8	The floor of this dwelling is made predominantly of which material? Earth=1 Concrete, cement=2 Tile=3 Wood=4 Other=5, Specify	<input type="checkbox"/> Specify for Other:.....	
		9	What is the household's main source of drinking water? See List S	<input type="checkbox"/> Specify for Other:.....
		10	What is the household's main source of fuel/energy for cooking? See List T	<input type="checkbox"/> Specify for Other:.....
		11	What is the household's main source of fuel/energy for lighting? See List T	<input type="checkbox"/> Specify for Other:.....
		12	What is the household's main source of fuel/energy for heating/cooling? See List T	<input type="checkbox"/> Specify for Other:.....
	13	What is the household's main source of electricity? See List U	<input type="checkbox"/> Specify for Other:.....	
	14	How much monthly rent is collected from real estate other than this dwelling? Code 0 if there is no other real estate.	Tsh <input type="text"/> <input type="text"/>	

CODES		
LIST S	LIST T	LIST U
1. Rain catchments tank	0. None	1. None
2. Private piped (tap) water in dwelling	1. Electricity	2. Public utility company
3. Private piped (tap) water in dwelling	2. Gas (Industrial)	3. TANESCO
4. Piped (tap) water from community supply (outside dwelling)	3. Gas (Biogas)	4. Community-owned/managed generator
5. Vendor (person selling water)	4. Firewood	5. Own generator
6. Bottled water	5. Coal	6. Solar panels
7. Private well, unprotected	6. Candles/paraffin wax	7. Car/motorcycle battery
8. Private well, protected	7. Animal dung	8. Wind panel
9. Public well, unprotected	8. Solar energy	9. Other, Specify
10. Public well, protected	9. Kerosene/paraffin oil	
11. Spring, unprotected	10. Charcoal	
12. Spring, protected	11. Sawdust	
13. River, dam, lake, etc.	12. Other, Specify	
14. Other, Specify		

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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	For each of the following items, list the quantity found in the dwelling, the value of the item if it were to be bought in its current condition, the owner of the item.	15. Quantity		Code 0 if none.	16. Value				Thousands of shillings	17. Owner	
15-17	Radio and cassette player	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone (landline)	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone (mobile)	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Refrigerator or freezer	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sewing machine	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Television	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Video/DVD player	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Computer	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gas or electric stove	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other stove	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Iron	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clock	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dining table	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Utensils and crockery	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Chairs	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sofa/couch	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Curtains	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lamps	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Motor vehicles	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Motor cycle	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bicycle	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>					
Large livestock (e.g. cows, donkeys)	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>					
Medium livestock (e.g. pigs, goats)	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>					
Small livestock (e.g. chickens)	<input type="text"/>	<input type="text"/>		Tsh	<input type="text"/>	<input type="text"/>					

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SECTION 9A. SAVINGS

When applicable, the female entrepreneur should report on each member of the household. Please keep same IDs assigned in the household roster. Let the respondent know that she can refer to her financial records. Please reiterate that this information is strictly confidential and will not be shared with the government, any private company, NGO, or any individual. Information from all surveyed entrepreneurs will be combined together and only averages within each geographic area and sector will be made available to MIKUBWA. No one besides this survey firm will be able to match this information that you provide today with your name or any other personal identifier (such as your address), and therefore we will always keep this data safe and locked away.

We understand that your personal cash savings is a very private topic and that you might not want to divulge this information to anyone, even your family. Let me stress that this information will never be shared alongside your name.

Q1	What is the value of all savings that you own jointly with someone else? Combine cash and non-cash savings.	<input type="text"/>
Q2	What is the approximate value of all personal savings that you have in the form of gold, land, property, or livestock? In the case of joint ownership, approximate 50% of respondent's share.	<input type="text"/>
Q3	How much does the rest of your household think that you currently have in personal cash savings? Personal savings are savings of the respondent alone.	<input type="text"/>
Q4	How much personal cash savings do you have currently? No cash savings = 0 → Go to Q10	<input type="text"/>
Q5	Where do you keep most of your cash savings? See List V.	<input type="text"/>
Q6	How much interest do you earn on these savings? Code 0% if there is no interest earned on savings. Don't Know=99.	<input type="text"/>
Q7	How often do you use a particular cash saving strategy? Spend money away at a regular frequency=1 Spend money whenever I don't spend at a regular frequency=2 Spend money whenever I don't spend at irregular intervals=3 Other, specify=	<input type="text"/> Other specify....
Q8	In what month is your cash savings typically the highest? Record month (01-12) Savings constant throughout year=98	<input type="text"/>
Q9	How much is your savings at this time of highest savings?	<input type="text"/>
Q10	Do you have a savings target? What is it? Code in shillings. No specific goal=77	<input type="text"/>
Q11	What is the planned use for these savings? See List W. No saving=99.	<input type="text"/>

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Now I would like to ask you about the savings of other household members. Please leave the row that corresponds to the respondent blank.

Q12	Q13	Q14	Q15	Q16	Q17
HOUSEHOLD MEMBER ID	First name	Second name	How much personal cash savings does [name] have? No Savings=0, Don't know=99	What is the approximate value of all personal savings that [name] has in the form of gold, land, property, or livestock? In the case of joint ownership, approximate value of [name]'s share. Don't know=99	Where does [name] keep his/her cash savings? See List V.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- List V**
- 1= Safe-keeping with self
 - 2= Safe-keeping in own household
 - 3= Safe-keeping with family/friend
 - 4= Safe-keeping with shop owner or employer
 - 5= Savings account in bank
 - 6= Checking account in bank
 - 7= ROSCA/SAVCO
 - 8= in the village
 - 9= Other, Specify
 - 10= No cash savings

- LIST VI**
- 1= Land/property - agricultural
 - 2= Land/property - residential
 - 3= Land/property - business
 - 4= Agricultural inputs/equipment
 - 5= Business inputs/equipment
 - 6= Business - pay employees
 - 7= Housing repair or purchase
 - 8= Education / training
 - 9= Routine health expenditure
 - 10= Emergency health expenditure
 - 11= Ceremonies (weddings, funerals)
 - 12= Vehicle purchase or repair
 - 13= Food
 - 14= Clothing
 - 15= Other expenditure
 - 16= To repay other loan
 - 17= Regular household support
 - 18= Other, Specify
 - 99= Don't know.

~~Sum of Q15 = 0.16 for spouse ✓~~

~~Sum of Q16 = 0.15 for HH ✓~~

~~Sum of Q17 = 0.14 for HH ✓~~

SECTION 9B. BORROWING

Cases are loans, not household members. Please list any loans requested by any household member. Include loans for agriculture. Probe for goods or services received on credit. Ask for loans from individuals, NGOs, MFIs, banks, business associates, family and friends (including other household members). Please assure respondents that none of this information will be disclosed to anyone, even other members of their family. We are interested in knowing about women's financial constraints, so it is important for them to list ALL loans requested, received, paid, and outstanding.

Suggestions: Ask about all loans requested by household member and code their household member ID. Use extra sheet if there are more than 10 loan requests from this household in the past 12 months. Start with all loan request(s) by the respondent in the past 12 months. Start with the 1st loan and ask Q3-23, then go to the next loan.

Q1 Did any household member request a loan or try to borrow money in the last 12 months?
Yes = 1 ; No=2 --> Section 9C.

Q2	Q3	Q4	Q5	Q6	Q7	Q8
LOAN ID	Who made the loan request? Code household member ID.	From which source is the loan requested? See List X.	Where is this loan source? See List Y	What was the main purpose of taking the loan? See List Z	What was the total amount requested??	What was the total amount received? If Q7=Q8 - Go to Q10
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- LIST X**
- Household member - Code Household Member ID
 - Relative of spouse/partner
 - Own relative
 - Inheritance
 - Neighbor
 - Friend in Dar es Salaam
 - Friend outside Dar es Salaam
 - Someone from [name]'s home district
 - Money lender
 - Commercial Bank
 - A saving and loan group
 - Farmer group or cooperative
 - MFI
 - Self-help group or SACCO
 - Fataki
 - Building society
 - Insurance company
 - Employer
 - Business partner
 - Business associate
 - Employee
 - Grocer/local merchant/trader
 - Village leader, politician
 - Church or religious leader
 - NGO or charity
 - Government/Government institution
 - Other, Specify

- LIST Y**
- In ward =1
 - Not in ward, but in district=2
 - Not in district, but in Dar =3
 - Not in Dar, but in Tanzania=4
 - Abroad =5

- LIST Z**
- Land/property - agricultural
 - Land/property - residential
 - Land/property - business
 - Agricultural inputs/equipment
 - Business inputs/equipment
 - Business - pay employees
 - Housing repair or purchase
 - Education / training
 - Routine health expenditure
 - Emergency health expenditure
 - Ceremonies (weddings, funerals)
 - Vehicle purchase or repair
 - Food
 - Other expenditure
 - Clothing
 - Cosmetics or toiletries
 - Jewelry
 - To repay other loan
 - Regular household support
 - Other, Specify
 - 99= Don't know.

~~respondent had loan~~
~~last 12 months.~~

resp loan source ← 2 3 ?
 resp total amount requested?
 resp total amount received?
 resp interest rate ← 1 2 3 ?
 resp [unclear] ← 2 3 ?
 resp [unclear] ← 1 2 3 ?

~~total amount~~
~~211~~

~~merchandise sought for any~~
~~loan~~

resp [unclear] ?

~~which~~
~~not~~

NOT possible
 code for
 self not
 incorporated

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

HOUSEHOLD QUESTIONNAIRE		HOUSEHOLD ID														
Q2	Q9		Q10			Q11			Q12			Q13				
LOAN ID	Why was the total amount not received? See ListAA.		When was the loan obtained? dd/mm/yyyy			How much was originally supposed to be repaid? Originally = at the time the loan was made/agreed on.			When was this loan originally supposed to be repaid? dd/mm/yyyy			What was the interest rate on the loan? Don't know=99.				
	Please ask the following questions only about loans that were actually obtained. Retain same loans IDs.															
1					/	/				/	/					
2					/	/				/	/					
3					/	/				/	/					
4					/	/				/	/					
5					/	/				/	/					
6					/	/				/	/					
7					/	/				/	/					
8					/	/				/	/					
9					/	/				/	/					
10			/	/				/	/							

- LIST AA**
1. Eligibility (e.g. age, membership)
 2. Had no collateral/ securities
 3. Political alignment
 4. Did not agree on terms and conditions
 5. Other, Specify
- 99= Don't know.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q14			Q15			Q16			Q17			Q18			Q19		
LOAN ID	How was the loan disbursed? Cash=1, In-kind=2, In-cash & in-kind=3. Note: Code goods bought on credit as in-kind.			What kind of security or collateral was required for the loan? See List AB			How frequently were loan payments required? See List AC			What part of the total loan was repaid by the original due date? None=1 Small part=2 Large part=3 Entire amount=4 → Go to Q20 Due date still pending=98			How much still has to be paid back?			When do you think it will be fully repaid? dd/mm/yyyy Don't know=99		
1						Other												/
2						Other												/
3						Other												/
4						Other												/
5						Other												/
6						Other												/
7						Other												/
8						Other												/
9						Other												/
10						Other												/

- LIST AB**
1. No security or collateral required
 2. Land
 3. Livestock
 4. House or building
 5. Business asset
 6. Labor
 7. Guarantee from employer
 8. Guarantee from spouse/partner
 9. Guarantee from non-relatives
 10. Minimum balance
 11. Other, Specify
 99. Don't know

- LIST AC**
- Daily =1
 - Weekly =2
 - Twice a month =3
 - Monthly =4
 - Quarterly =5
 - Annually =6
 - One payment =7
 - Whenever lender asks =8

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

HOUSEHOLD QUESTIONNAIRE		HOUSEHOLD ID									
Q2	Q20	Q21	Q22	Q23	Q24						
LOAN ID	Estimate the value of any property, merchandise, or assets that have been seized to pay off any remaining debts incurred in the last year as a result of this loan.	Does anyone in your household or family other than you know about this loan? Yes=1, No=2	How much would the rest of your household or family think has been borrowed under this loan?	IAlthough you might have intended this loan to be spent in a certain way, sometimes things can get in the way. How was this loan actually spent? See List Z.	Although one person might have taken out the loan, another person might have spent the money. Who primarily made the decisions on how this loan was spent? See List X						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

LIST X

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial Bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician or elder
24. Church or religious leader
25. NGO or charity
26. Government/Government Institution
27. Other, Specify

LIST Z

- 1= Land/property – agricultural
- 2= Land/property – residential
- 3= Land/property – business
- 4= Agricultural inputs/equipment
- 5= Business inputs/equipment
- 6= Business – pay employees
- 7= Housing repair or purchase
- 8= Education / training
- 9= Routine health expenditure
- 10= Emergency health expenditure
- 11= Ceremonies (weddings, funerals)
- 12= Vehicle purchase or repair
- 13= Food
- 14= Other expenditure
- 15= Clothing
- 16= Cosmetics or toiletries
- 17= Jewelry
- 18= To repay other loan
- 19= Regular household support
- 20= Other, Specify
- 99= Don't know.

SECTION 9C. LENDING

Cases are loans made to others. Include loans for agriculture. Probe for goods or services provided on credit. Ask for loans to individuals, business associates, family and friends (including other household members). Code labor lent out as an in kind loan. Suggested method of asking questions: Ask about all loans made by any household member and note down the household ID of each person who lent the money. (Use EXTRA SHEET for Borrowing, Lending, and Gifts if there are more than 6 loans made by members of this household in the last 12 months). Then start with loan 01, and ask Q3-Q20. The move on to loan 02 and ask Q3-Q20, etc.

Q1 Did any household member lend out money or goods/services in the last 12 months? Yes=1 No=2 → ...> Section 9D

Q2	Q3	Q4	Q5	Q6	Q7
LOAN ID	Who lent out the money or - goods/services? Code household member ID.	Who received the loan? See List AD	Where is the receiver of the loan? See List AE.	What was the receiver's main purpose of taking the loan? See List AF.	What was the total amount requested?
1		Other specify..... ID		Other specify.....	
2		Other specify ID		Other specify.....	
3		Other specify ID		Other specify.....	
4		Other specify ID		Other specify.....	
5		Other specify ID		Other specify.....	
6		Other specify ID		Other specify.....	
7		Other specify ID		Other specify.....	
8		Other specify ID		Other specify.....	
9		Other specify ID		Other specify.....	
10		Other specify ID		Other specify.....	

- LIST AD
- Household member - Code Household Member ID
 - Relative of spouse/partner
 - Own relative
 - Inheritance
 - Neighbor
 - Friend in Dar es Salaam
 - Friend outside Dar es Salaam
 - Someone from [name]'s home district
 - Money lender
 - Commercial bank
 - A saving and loan group
 - Farmer group or cooperative
 - MFI
 - Self-help group or SACCO
 - Fataki
 - Building society
 - Insurance company
 - Employer
 - Business partner
 - Business associate
 - Employee
 - Grocer/local merchant/trader
 - Village leader, politician or elder
 - Church or religious leader
 - NGO or charity
 - Government/Government institution
 - Other, specify

- LIST AE
- In ward =1
 - Not in ward, but in district =2
 - Not in district, but in Dar =3
 - Not in Dar, but in Tanzania =4
 - Abroad =5

- LIST AF
- Land/property - agricultural
 - Land/property - residential
 - Land/property - business
 - Agricultural inputs/equipment
 - Business inputs/equipment
 - Business - pay employees
 - Housing repair or purchase
 - Education / training
 - Routine health expenditure
 - Emergency health expenditure
 - Ceremonies (weddings, funerals)
 - Vehicle purchase or repair
 - Food
 - Clothing
 - Other expenditure
 - To repay other loan
 - Regular household support
 - Other, Specify

Handwritten notes and signatures on the right side of the page, including:

- HLF 821 - lending
- 203/821
- Medical for... ✓
- In HH lending money
- Total amount... ✓
- per person
- ✓
- ✓
- ✓

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q8	Q9	Q10	Q11	Q12	Q13
LOAN ID	What was the total amount lent? If Q7=Q8 → Go to Q10	Why was the total amount not lent? See List AG	When was the loan made? dd/mm/yyyy	How much was originally supposed to be repaid? Originally = at the time the loan was made/agreed on.	When was this loan originally supposed to be repaid? dd/mm/yyyy	What was the interest rate on the loan? Don't know=99.
1		Other specify.....				
2		Other specify.....				
3		Other specify.....				
4		Other specify.....				
5		Other specify.....				
6		Other specify.....				
7		Other specify.....				
8		Other specify.....				
9		Other specify.....				
10		Other specify.....				

LIST AG
 1. Eligibility (e.g. age, membership)
 2. Had no collateral/ securities
 3. Political alignment
 4. Did not agree on terms and conditions
 5. Other, Specify
 99. Don't know.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
LOAN ID	How was the loan disbursed? Cash=1, In-kind=2, In-cash & in-kind=3. Note: Code goods bought on credit as in-kind.	What kind of security or collateral was required for the loan? See ListAH	How frequently were loan payments required? See ListAI.	What part of the total loan was repaid by the original due date? None=1 Small part=2 Large part=3 Entire amount=4 --Q23 Due date still pending=88	How much still has to be paid back?	When do you think it will be fully repaid? mm/yyyy Don't know=999	Does anyone in your household or family other than you know about this loan? Yes=1, No=2 - Go to Section 9D	How much would the rest of your household or family think has been borrowed under this loan?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

- LIST AH**
1. No security or collateral required
 2. Land
 3. Livestock
 4. House or building
 5. Business asset
 6. Labor
 7. Guarantee from employer
 8. Guarantee from spouse
 9. Guarantee from non-relatives
 10. Minimum balance
 11. Other, Specify
 99. Don't know

- LIST AI**
- Daily =1
 - Weekly =2
 - Twice a month =3
 - Monthly =4
 - Quarterly =5
 - Annually =6
 - One payment=7
 - Whenever lender asks =8

SECTION 9D. GIFTS, REMITTANCES, AND TRANSFERS RECEIVED

Cases are gifts, remittances, and any kind of transfers received by household members. Also include prizes and awards. This section should also include any donations made to the respondent's business. Write household member ID of the household member who received the gift(s).

Q1-Q4: Questions about assistance received from outside the household, frequency of assistance, and cash/in-kind gifts in the last 12 months.

Table with 8 columns (Q5-Q12) for recording gift details: GIFT ID, Who received the gift, Who gave the gift, Source of gift, Cash/In-kind, Total value, Purpose, and Knowledge of gift.

- LIST AJ: Household member - Code Household Member ID. 1. Household member - Code Household Member ID, 2. Relative of spouse/partner, 3. Own relative, 4. Inheritance, 5. Neighbor, 6. Friend in Dar es Salaam, 7. Friend outside Dar es Salaam, 8. Someone from [name]'s home district, 9. Money lender, 10. Commercial Bank, 11. A saving and loan group, 12. Farmer group or cooperative, 13. MFI, 14. Self-help group or SACCO, 15. Fataki, 16. Building society, 17. Insurance company, 18. Employer, 19. Business partner, 20. Business associate, 21. Employee, 22. Grocer/local merchant/trader, 23. Village leader, politician or elder, 24. Church or religious leader, 25. NGO or charity, 26. Government/Government institution, 27. Other, Specify, 99. Don't know

- LIST AK: In ward =1, Not in ward, but in district =2, Not in district, but in Dar =3, Not in Dar, but in Tanzania =4, Abroad =5

- LIST AL: 1. Land/property - agricultural, 2. Land/property - residential, 3. Land/property - business, 4. Agricultural inputs/equipment, 5. Business inputs/equipment, 6. Business - pay employees, 7. Housing repair or purchase, 8. Education / training, 9. Routine health expenditure, 10. Emergency health expenditure, 11. Ceremonies (weddings, funerals), 12. Vehicle purchase or repair, 13. Food, 14. Clothing, 15. Other expenditure, 16. To repay other loan, 17. Regular household support, 18. Award, 19. Other, Specify, 99. Don't know.

Cannot tell from the data. only an indicator if the resp got a gift

Handwritten notes and scribbles, including '170/821' and '54 missing 1=6'.

Handwritten notes and scribbles, including '54 M' and '170/821'.

Handwritten notes and scribbles, including '54 M' and '170/821'.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 10A. HEALTH OF HOUSEHOLD MEMBERS

For Q1 - Q36, ask respondent question about each household member, retaining the same IDs as in the Household Roster. Q37-Q45 apply only to the respondent.

Q1	Q2	Q3	Q4	Q5	Q6
HOUSEHOLD MEMBER ID	First Name	Last Name	[Redacted] have any acute illness or injury in the past 12 months? See List AM. → If answer is 0 GO TO Q 10.	[Redacted] and [name] seek treatment for this acute illness? → If not treated GO TO Q10.	How long did it take [name] to reach this treatment provider. Record in minutes.
	1		Other, specify.....		
	2		Other, specify.....		
	3		Other, specify.....		
	4		Other, specify.....		
	5		Other, specify.....		
	6		Other, specify.....		
	7		Other, specify.....		
	8		Other, specify.....		
	9		Other, specify.....		
	10		Other, specify.....		

LIST AM: ACUTE ILLNESSES AND INJURIES

- 0. No such condition
- 1. Fracture
- 2. Fainting spell
- 3. Heart attack
- 4. Bleeding, hemorrhaging
- 5. Piles
- 6. Tooth extraction
- 7. Amputation
- 8. Malaria
- 9. Typhoid
- 10. Dengue
- 11. Respiratory infection
- 12. Dysentery (blood in stools)
- 13. Tuberculosis
- 14. Blood in spit
- 15. Cough with blood
- 16. Genital ulcers
- 17. Fistula
- 18. Other, Specify

LIST AN: TYPE OF TREATMENT

- 0. No treatment
- 1. Self-treatment
- 2. Private doctor/nurse at home
- 3. Public doctor/nurse at health center
- 4. Public Hospital
- 5. Private Hospital
- 6. Dispensary
- 7. Private doctor/nurse in clinic
- 8. Drug shop/pharmacy
- 9. Community health worker
- 10. Traditional healer
- 11. Religious leader
- 12. Friend/relative who is not a medical provider
- 13. NGO/religious organization/charity
- 14. Other (specify)
- 99. Don't know

only 1 obs per person

hs10a97 [Redacted]

hs10a94 ✓ [Redacted]

hs10a926 ✓ [Redacted]

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

HOUSEHOLD QUESTIONNAIRE		HOUSEHOLD ID														
Q1	Q7					Q8			Q9				Q10			
HOUSEHOLD MEMBER ID	How much did treatment for this injury or illness cost? Include costs for tests, consultations, inpatient fees, transport, and medicines. Estimate value of in-kind payments.					How was this treatment financed? See List AO.			Please rate the quality of this provider. Read options 1 to 5 aloud. Very good=1, Good=2 Neither good, nor bad=3 Bad=4, Very bad=5 Don't know=99				Where did [name] seek treatment for this illness, injury, or condition in the past 30 days? See List AP.No treatment=0 → GO TO QS16.			
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

0	<p>LIST AO</p> <p>Free treatment =1 Own cash =2 Own asset =3 Health insurance =4 Had to work for provider =5 Paid in kind =6 Took loan from family member =7 Took loan from non-family member =8 Religious organization/Charity/NGO =9 Donation/help from individual non-family member =10 Household member = 11 Other =12, Specify</p>	<p>LIST AP: NON-ACUTE ILLNESSES AND CHRONIC ILLNESSES</p> <p>0. No such condition</p> <p>1. Sore throat</p> <p>2. Cough</p> <p>3. Fever</p> <p>4. Diarrhea</p> <p>5. Body ache</p> <p>6. Weakness/fatigue</p> <p>7. Dehydration</p> <p>8. Vision Problems</p> <p>9. Headache</p> <p>10. Back ache</p> <p>11. Vomiting</p> <p>12. Worms in stool</p> <p>13. Trouble breathing</p> <p>14. Abdominal pain</p> <p>15. Painful urination</p> <p>16. Swelling ankles</p> <p>17. Hearing problems</p>	<p>18. Skin problems</p> <p>19. Chest pain</p> <p>20. Menstrual problems</p> <p>21. White discharge</p> <p>22. Tooth ache</p> <p>23. Minor wound</p> <p>24. Eye infection</p> <p>25. Breast pain</p> <p>26. HIV/AIDS</p> <p>27. Tuberculosis</p> <p>28. Diabetes</p> <p>29. High/low blood pressure</p> <p>30. High cholesterol</p> <p>31. Depression</p> <p>32. Asthma</p> <p>33. Other,specify</p>
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11			
12			
13			

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q1	Q11	Q12	Q13	Q14	Q15
HOUSEHOLD MEMBER ID	Where did [name] seek treatment for this illness, injury, or condition in the past 30 days? See List AN. No treatment=0 → QS16	How long did it take [name] to reach this treatment provider. Record in minutes.	How much did treatment for this injury or illness in the last 30 days cost? Include costs for tests, consultations, inpatient fees, transport, and medicines. Estimate value of in-kind payments.	How was this treatment financed? See List AO.	Please rate the quality of this provider. Read options 1 to 5 aloud. Very good=1, Good=2, Neither good, nor bad=3, Bad=4, Very bad=5, Don't know=99
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	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

- 0.
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- 15.
- 16.
- 17.
- 18.

LIST AN: TYPE OF TREATMENT
 0. No treatment
 1. Self-treatment
 2. Private doctor/nurse at home
 3. Public doctor/nurse at health center
 4. Public Hospital
 5. Private Hospital
 6. Dispensary
 7. Private doctor/nurse in clinic
 8. Drug shop/pharmacy
 9. Community health worker
 10. Traditional healer
 11. Religious leader
 12. Friend/relative who is not a medical provider
 13. NGO/religious organization/charity
 14. Other (specify)
 99. Don't know

LIST AO
 Free treatment =1
 Own cash =2
 Own asset =3
 Health insurance =4
 Had to work for provider =5
 Paid in kind =6
 Took loan from family member =7
 Took loan from non-family member =8
 Religious organization/Charity/NGO =9
 Donation/help from individual non-family member =10
 Household member = 11
 Other =12, Specify

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q1	Q16	Q17	Q18	Q19	Q20	Q21	Q22
HOUSEHOLD MEMBERS ID	Did [name] visit a health provider for any reason in the last 30 days? See List AQ.	How good is [name]'s health? Read options 1 to 6. Very good=1, Good=2 Neither good, nor bad=3 Bad=4, Very bad=5	How often does [name] have normal bowel movements because of illness or injury? Very often=1, Often=2 Sometimes=3, Not often=4, Not at all=5	Can [name] walk for 5 kilometers easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4	Can [name] carry a 20L container for 20 meters easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4	Can [name] perform digging in a garden easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4	Can [name] run a short distance easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4
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- LIST AQ**
- 0. No visit
 - 1. Condition from List AM – First visit or follow-up
 - 2. Condition from List AN – First visit or follow-up
 - 3. Immunization
 - 4. Check-up
 - 5. Prenatal/antenatal care visit
 - 6. Purchase medicines

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q1	Q23	Q24	Q25	Q26	Q27	Q28	Q29
HOUSEHOLD MEMBER ID	<p>[name] work a half-day Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4</p>	<p>[name] stand up from a sitting position (chair) without help easily? Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4</p>	<p>[name] bow, squat and kneel easily? Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4</p>	<p>[name] ever been [redacted] ? Yes=1 No=0 Don't know=99</p>	<p>[name] smokes? Yes=1 Occasionally=2 Not at all=3 Don't know=99</p>	<p>[name] drink alcohol? Every day or nearly everyday=1 Once or twice a week=2 1-3 times a month=3 Occasionally, but less than once a month=4 Never=5 Don't know=99</p>	<p>Now we will discuss shortly about health and birth to you and other household members. Is [name] currently in a sexual relationship? Yes=1, No=2, Don't know=99</p>
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HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q1	Q30	Q31	Q32	Q33	Q34	Q35
HOUSEHOLD MEMBER ID	[name] had an HIV test in the last 12 months? Yes=1 No=0 Don't know=99	Has [name] ever been pregnant or pregated a woman? Yes=1, No=2 →Next member. Ndio=1; Hapana=2 GO TO QS36 If (name) is a men GO TO 10B	Is [name] pregnant now? Yes=1 No=0 →GO TO QS34	When is the baby due? mm/yyyy	During [name]'s most recent pregnancy, how many prenatal care visits were made (have been made so far)?	After birth, for how many months did [name] breastfeed her last child? If (Name) is Currently pregnant for first time write 99.
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Not sure what code is (200 or 5)

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q1	SECTION 10B: STRESS								
		Over the last 2 weeks, how often have you been bothered by any of the following problems? Not at all = 0, Several days = 1, More than half of the days = 3, Nearly every day = 4.							
	S36-44								
HOUSEH	S36	Little interest or pleasure in doing things							
OLD	S37	Feeling down, depressed or hopeless							
MEMBE	S38	Trouble falling or staying asleep, or sleeping too much							
R ID	S39	Feeling tired or having little energy							
1	S40	Poor appetite or overeating							
2	S41	Feeling bad about yourself — or that you are a failure or have let yourself or your family down.							
3	S42	Trouble concentrating on things, such as reading the newspaper or watching television							
4	S43	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual							
5	S44	Thoughts that you would be better off dead or of hurting yourself in some way							
6			<div style="text-align: center;">  <p>Done</p> <p>4x9 = 36</p> </div>						
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HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 11. MARITAL AND FERTILITY HISTORY

		Respondent
1	Has this Respondent ever lived with a man? Yes=1, No=2 GO TO Q19	<input type="checkbox"/>
2	Are you currently married or living with a partner? Yes=1, No=2	<input type="checkbox"/>
3	Have any of your partnerships ended in separation or divorce? Yes=1, No=2 GO TO Q8	<input type="checkbox"/>
4	Was the most recent separation/divorce initiated by you? Yes=1, No=2	<input type="checkbox"/>
5	When did the most recent separation/divorce happen? mm/yyyy.	<input type="text"/>
6	When was your most recent marriage (or the start of co-residence)? mm/yyyy.	<input type="text"/>
<p>Note: All subsequent questions apply to respondent's most recent marriage in the case of divorced or widowed women. Please use appropriate language. For example, How many wives did your spouse/partner have?</p>		
7	Do you have any legal document that proves that you are married to show to authorities in case you are ever asked?	<input type="checkbox"/>
8	How many wives does your spouse/partner have? Code 0 if no other wives → GO TO Q10	<input type="text"/>
9	What is your marital rank? This should be based on order of marriage, not a subjective assessment.	<input type="text"/>
10	What was the total value, at the time of marriage, of all of the gifts given by you and your family to your spouse's family?	<input type="text"/>
11	What was the total value, at the time of marriage, of all of the gifts given to your family by your spouse and his family?	<input type="text"/>
12	Aside from these gifts, what was the total value of all property (houses, money, household goods, land) that you brought to the marriage?	<input type="text"/>
13	Aside from the gifts received above, what was the total value of all property (houses, money, household goods, land) that your spouse / partner brought to the marriage?	<input type="text"/>
14	At the time you formalized the relationship with your spouse/partner, how did the economic status of your parents compare to the status of your parents-in-law? Much higher=1, Somewhat higher=2, About the same=3, Somewhat lower=4, Much lower=5, Parents not alive at time of marriage=98	<input type="text"/>
15	Does your spouse/partner know about your current enterprise? Yes=1, No=2	<input type="text"/>
16	Currently, out of every 10,000 shillings that you earn, how many shillings does your spouse know about?	<input type="text"/>
17	Currently, out of every 10,000 shillings that you earn, how many shillings go towards household expenses? Household expenses do not include personal goods or business expenses.	<input type="text"/>
18	In a typical month, out of every 10,000 shillings spent towards household expenses, how many shillings comes from your spouse/partner? Household expenses do not include personal goods or business expenses.	<input type="text"/>

24	Whom have you told about the physical violence? See List AS. Code up to 5.				
25	Did you ever go to the following for help? Code Yes=1, No=2 for each item.	Yes=1, No=2			
a	Police				
b	Hospital or health center				
c	Social services (includes counseling, support group or network)				
d	Legal advice center				
e	Court				
f	Shelter				
g	Local leader				
h	Women's organization				
i	Friend				
j	Relative				
k	Priest/religious leader				
l	Other, Specify				

- LIST AS**
1. No one
 2. Friends
 3. Parents
 4. Brother or sister
 5. Uncle or aunt
 6. Spouse/partner's family
 7. Children
 8. Neighbors
 9. Police
 10. Doctor/health worker
 11. Priest
 12. Counselor
 13. NGO/Women's organization
 14. Local leader
 15. Other, Specify

Now I would like to ask you about all of the births that you have had in your life.

27	Have you ever been pregnant? Yes =1, No=2 → Go to Q35, Don't know=99				
28	How many times have you ever given birth? Code 0 if woman has never given birth → Q35				
29	How many children do you have who are now alive? Code 0 if none alive → Q35				
30	Of these children, how many currently live with you?				
31	What is the age of your oldest child? Include children living outside the home.				
32	What is the age of your youngest child? Include children living outside the home.				
33	Do all of your children have the same biological father, or more than one father? Same father=1 More than one father=2 Don't know=99				
34	How many of your children receive financial support from their father(s)? None=1 Some=2 All=3				
35	Are you currently doing something or using any method to avoid getting pregnant? Yes=1; No=2 & Q38 Not sexually active=3 → Go to Next Section				
36	What is the main method are you currently using? See List AT				
37	Does your current spouse/partner know that you are using a method of family planning? Yes=1, No=2				
38	Have you ever used a condom with your current partner to prevent disease? Yes=1				
39	Have you ever asked your current spouse/partner to use a condom to prevent disease? Yes=1				
40	Survey end time. 12 hour clock.				

- LIST AT**
1. Female sterilization
 2. Male sterilization
 3. IUD
 4. IUD
 5. Injectables
 6. Implants
 7. Condom
 8. Female condom
 9. Diaphragm
 10. Foam/jelly
 11. Breastfeeding
 12. Periodic abstinence
 13. Withdrawal
 14. Calendar/mucus method
 15. Herbs
 16. Other, Specify
 17. Not sure

Thank you so much for taking the time to answer our questions. We realize that some of them were quite difficult, but your responses will help us modify future business training programs so that they are helpful for women entrepreneurs like you. If you have any questions, please do not hesitate to contact us.

The following questions are FOR THE INTERVIEWER ONLY.

41	Who else was present during the interview? Record up to 3. If spouse/domestic partner present, please include this in the 3.	
	Nobody=1	<input type="checkbox"/> , <input type="checkbox"/> , <input type="checkbox"/>
	Spouse/domestic partner of owner=2	
	Child less than 5=3	
	Child over 5=4	
	Another adult household member=5	
	Adult from outside household=6	
42	How would you describe your rapport with the respondent?	
	Very friendly=1	<input type="checkbox"/>
	Cordial, but not very friendly=2	
	Completely neutral=3	
	Not very comfortable=4	
	Strained=5	

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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When two people marry or live together, they usually have both good and bad experiences. I would like to ask you some questions about your current or most recent relationship and how your husband/partner treats/treated you. If anyone interrupts, I will change the topic of conversation. I would again like to assure you that your answers will be kept secret and that you do not have to answer any question that you don't want to. May I continue?

19	In a couple, who do you think should have the greater say in each of the following decisions? Husband=1, Wife=2, Both equally=3 Husband=1, Wife=2, Both=3; It depends=4, Don't know=99				
a	Making large household purchases				
b	Making daily household purchases				
c	Personal (for the woman) purchases				
d	Borrowing money				
e	Lending money				
f	Children's education				
g	Health purchases, choice of health clinic				
h	Wife's choice of occupation				
i	When to visit family or friends				
j	Wife's working hours				
k	Participation in groups				
l	When to visit family or friends				
m	How to spend money earned from woman's own work				
n	Having children				
20	In your opinion, does a man have a good reason to hit his wife if: Code Yes=1, No=2 for each item separately. Yes=1, No=2, Don't know=99				
a	She does not complete her housework to his satisfaction				
b	She disobeys him				
c	She refuses to have sexual relations with him				
d	She asks him whether he has other girlfriends				
e	He suspects that she is unfaithful				
f	He finds out that she has been unfaithful				
21	I am now going to ask you about some situations that are true for many women. Thinking about your current/most recent spouse/partner, would you say it is generally true that he: Code for each item: Yes=1, No=2, Never had spouse/partner=99				
a	He tried to restrict you from meeting your friends				
b	He tried to restrict you from communicating with your family				
c	Insisting on knowing your whereabouts at all times				
d	He neglects you and does not treat you well				
e	He becomes angry when you talk to another man				
f	Manytimes he is suspicious of your are trustfulness				
g	He expects you to ask for permission before seeking your health treatment				
22	I am now going to ask you about certain actions that a spouse/partner might take. Out of every 10 women, can you tell me how many do you think experience this at least once every 12 months.				
a	Slapping or throwing something at his wife/partner that could hurt her?				
b	Pushing or shoving his wife/partner?				
c	Hitting his wife/partner with his fist or something else that could hurt her?				
d	Kicking his wife/partner, dragging her, or beating her up?				
e	Choking his wife/partner or burning her on purpose?				
f	Threatening to use or actually used a gun, knife, or other weapon against his wife/partner?				
23	case. Can you tell me about the frequency with which your spouse/partner might have taken these actions against you? Many times in the last 12 months=1 Few times in the last 12 months = 2 Once in the last 12 months=3 Frequently but not in the last 12 months=4 Rarely but not in the last 12 months=5 Once but not in the last 12 months=6 Never=7 → Q26				
a	Slapping or throwing something at his wife/partner that could hurt her?				
b	Pushing or shoving his wife/partner?				
c	Hitting his wife/partner with his fist or something else that could hurt her?				
d	Kicking his wife/partner, dragging her, or beating her up?				
e	Choking his wife/partner or burning her on purpose?				
f	Threatening to use or actually used a gun, knife, or other weapon against his wife/partner?				